BACKGROUND

- Earlier HIV treatment → improved patient & public health outcomes.
- NYC Sexual Health Clinics (SHCs) patients are routinely HIV tested via rapid antibody test; those at highest risk (e.g. MSM) also screened for Acute HIV Infection (AHI) via pooled nucleic acid amplification testing.
- In NYC, SHCs diagnose 10% of new HIV cases and 20% of those diagnosed during AHI.
- To expedite treatment initiation, we introduced immediate, on-site antiretroviral (ARV) treatment at the time of diagnosis with navigation & linkage to long-term care (aka ‘Jumpstart Program’, or JS).

METHODS

JS ELIGIBLE SHC Patients:
- ≥ 18 yrs.
- Preliminary positive, rapid HIV test
- OR positive test for AHI, T. Bili >1.9
- Treatment naïve

INTERVENTION:
- Develop navigation & linkage plan for sustained HIV care
- Guidelines-based initial HIV medical evaluation for JS
- Baseline testing (CD4, VL, genotype; kidney & liver function tests, CBC, hepatitis B/C screen) & other STD testing
- Provide on-site 30-day supply ARVs

OUTCOMES OF INTEREST:
- Initiation ARV treatment on-site, among patients newly diagnosed at SHCs (JS clinics & non-JS clinics)
- Linkage to care rates (attendance at first primary HIV care appointment)
- Viral Load Suppression (VLS) of those returning to SHC for additional ARV (within 45 days)

RESULTS

- 149 total patients initiated JS
  - 90 New HIV positive patients
  - 78/107 (73%) of new HIV diagnoses made at JS clinics accepted JS.
  - 20/58 new HIV positives from non-JS clinics went to a JS clinic to initiate treatment.
  - 51 previous HIV positive cases

Figure 1. JS initiation among patients newly diagnosed with HIV at SHCs

Table 1. Median Days from Positive result to ARV Start

Table 2. VLS of Returning JS Patients

LIMITATIONS

- Cannot accurately quantify number of previous positives who are treatment naïve, as based on self-report.
- JS only available for returning patients.

CONCLUSIONS

- Initiating ARV at the time patients are informed of their HIV diagnosis (preliminary or confirmed) is feasible, & acceptable for NYC SHC patients with higher initiation rates at JS Clinics vs. non-JS Clinics.
- JS efforts assure early treatment for populations most affected by the HIV epidemic (i.e. MSM of color).
- Almost 20% of JS patients met the criteria for AIDS & were able to access treatment without further delay.
- Future evaluation will assess the impact of JS efforts on time to VLS.

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